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Training Manual

Reporting and Recording Documentation for Monitoring Immunization Work in Georgia

Level 1: Providers of Immunization Services

Fifth Edition, March 2006

Prepared by:

Ministry of Labor, Health and Social Affairs of Georgia

National Center for Disease Control

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and Social Affairs
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Abstract

This training manual for health care providers is a comprehensive compendium of the Georgia immunization program documentation for the facility level. It contains recordkeeping and reporting requirements of the Ministry of Labor, Health and Social Affairs (MoLHSA) and the National Center for Disease Control; guidelines for immunization data analysis and utilization; and materials for monitoring and evaluating the immunization system and provider performance.

The fifth edition includes new chapters on supportive supervision, recommended job descriptions for medical personnel involved in immunization program, and an information-based response matrix. The Ministry of Labor, Health and Social Affairs has developed these guidelines for nationwide implementation. They are approved by MoLHSA Decree # 122/n.

The manual is designed primarily for personnel in health care facilities that deliver immunization services. Materials in the section on the evaluation of work at immunization points can be used both by facilities, to guide them through self-evaluations, and by rayon centers of public health, to monitor and supervise facility work.

The worksheets for monitoring of immunization work that are recommended in this manual are illustrative. A full set of worksheets has been published in a separate workbook.

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Acronyms

BCG	Bacillus, Calmette and Guerin Vaccine
CPH	Center for Public Health
CIF	Curatio International Foundation
DoB	Date of Birth
DT	Diphtheria and Tetanus Toxoid combination
DPT	Diphtheria, Pertussis and Tetanus Vaccine
FAP	Feldsher & Midwife Station
IPV	Inactivated Polio Vaccine
MIS	Management Information System
MMR	Measles, Mumps and Rubella vaccine
MoLHSA	Ministry of Labor, Health and Social Affairs
NCDC	National Center for Disease Control
OPV	Oral Polio Vaccine
PATH	Program for Appropriate Technology in Health
PAU	Polyclinic Ambulatory Unit
PHR*plus*	Partners for Health Reform*plus* Project
TB	Tuberculosis
Td	Tetanus and Diphtheria Toxoid
USAID	United States Agency for International Development
VVM	Vaccine Vial Monitor

Contributors

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The names, addresses, and immunization records shown in forms in this publication do not refer to real persons and are used for illustrative purposes only.

1. Recordkeeping and Reporting Documentation

This chapter explains the various immunization documentation and reporting requirements that providers of immunization services must complete and file with the appropriate health facilities. Each section explains how the immunization record book, or form, should be completed, where data can be found to complete the form, who is responsible for completing it, and when the form should be filed. This reporting documentation applies to Feldsher and midwife stations, village ambulatories, pediatric and therapeutic districts of polyclinics, and maternity houses.

Record Book for Registering Children by Year of Birth (Record Book 1.1)

Purpose of the Record Book

The Record Book for Registering Children by Year of Birth (1.1) facilitates the registration process of all pregnancies and the child population in the catchment area of the village ambulatory, polyclinic, or any health facility in the country. Also it has broader application in overall statistical reporting that facilities have to carry out according to Georgian regulations. This record book replaces the journal (a list of children) the facility currently uses to register children, and it should become the only registry for child population in the catchment area.

Responsible Person(s)

Facility head or district doctor prepares this record book with the help and support of a district or facility nurse. Only children residing in the catchment area of the doctor/nurse are registered in this record book.

Registering Children by Year of Birth

The record book for registering children under 15 years of age (0-14 years, 11 months, 29 days) (1.1) is filled out annually, on the basis of a census performed in September-October, and upon a child's birth, death, departure from the catchment area, or arrival at a health care facility. Dates of censuses are recorded at the end of the book.

The census is aimed at identifying ALL children in the catchment area; the children should be included in the registry irrespective of availability of birth certificate or health insurance policy.

Children's records in record book 1.1 are grouped by year of birth starting from the oldest age group (1990, 1991, 1992, etc.); each age group (year) has its own page in the record book.

Every newborn or child moving into a district should be registered in the record book (1.1) in accordance with his or her year (date) of birth under a *unique registration number*. This unique number is structured in the following way: the first two digits of the registration number represent the last two digits of the child's year of birth (for instance, "04" for a child born in 2004); the second two digits represent the order in which the child was recorded in the book. Numbering starts at the beginning of each year.

For example, the registration number "04/03" signifies that the child was born in 2004 and was the third child in the catchment area in 2004 to be recorded by the doctor/facility in the Record Book for Registering Children by Year of Birth (1.1). This registration number should also be written on all other children's records: forms 112 and 063, and in the Record Book for Monthly Planning and Registration of Immunizations (1.4). Children's registration numbers may contain a health district number (e.g., D1-04/01) should a health care catchment area be divided into various service districts.

If a child arrives with his or her own forms (112, copy of 063) on which a registration number is already stated, the health worker should assign a new number in sequence with the numbers in the facility record book (1.1) and use this new registration number on these forms.

Record Book 1.1: Register of Children by Year of Birth

Reg. #	Name	DoB	Address	Place of birth		Enrolled children		Birth certificate yes/no	Health insurance #	Other insurance (private insurance) #	Arrived/ Departed (date, from/to)
				hospital	home	pre-school	school				
04/01	*Iashvili Irakli*	*02.01.2004*	*5 Abashidze St.*	✓							
04/02	*Inauri Nino*	*11.03.2004*	*17 Kekelidze St.*		✓						
04/03	*Gvensadze Eka*	*26.04.2004*	*2 Paliashvili St.*	(							
…											

- Filled in annually, on the basis of the census, in September-October and upon children's birth, death, or arrival or departure from the health care facility.
- Children are grouped by year of birth (1990, 1991 etc.). Each group (year) has its own page in the record book.
- Registration number of a child is also written on all other record forms (112, 063) and in the monthly immunization plan (1.4).
- If a child arrives with his own forms (112, copy of 063), a health worker should write the child's new registration number on all these forms. The new number incorporates the current calendar year and the next sequential number in the registration list (ordinal number).
- Once a year the Population by Age report (1.2) is compiled on a basis of this record book.
- All children must be included in the list irrespective of existence of birth certificate or health insurance.

In the columns under "Place of Birth," specific cells are marked under the respective column based on where the child was born: "at home" or "at maternity." It is critical to adequately identify the child based on his or her birthplace for follow-up immunizations. Health workers should mark the respective columns for children in this age group who are either organized in the orphanages or attend school/preschool.

The date a child leaves or arrives at the health care facility catchment area should be stated in the column "arrived/left." Whenever possible, one should also indicate the address where the child came from or is returning to. Children who came to the territory for a period of four months or more should be registered, and those who have left the territory for one year or more should be removed from the list. In a case where a child either moves to another area for permanent residence or dies,[1] his or her sequential number will remain and will not be assigned to another child.

Relation to Other Forms/Journals

The following table illustrates how the information in the Record Book for Registering Children by Year of Birth (1.1) provides specific information needed in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Any record that mother presents about child prepared by other health facilities (Form 113, 112, etc.)	All details about child	**Record book 1.1**	Form 1.2 Population by Age Report Timeliness section of the monthly report 1.8	Child age group
			Annual Statistical Form No. 1, tables 2200, 2001 Form 16, tables 1000, 1001, 3001, 5000	Population by age group and number of home deliveries

[1] The death of a child should be registered in the annual form 16, Report on Medical Care for Children (0-14 year) and Adolescents/pupils (15-17 year), table 500.

Population by Age Report (Form 1.2)

Purpose of the Form

Health care facilities use the Population by Age Report (form 1.2) for various reasons and for immunization purposes. The information of each age group included in this report is used for annual immunization planning, coverage computation, estimating vaccine requirements, and various other things.

Responsible Person(s)

Facility head or district doctor prepares this record book with the help and support of a district or facility nurse. A copy of the form is always kept by the same person.

Instructions for Filling Out Forms

The Population by Age Report (1.2) is compiled annually (in October) on the basis of data obtained from the Record Book for Registering Children (1.1) and statistical data for the adult population (15 years or older) obtained from official sources such as the *Sakrebulo* (local council) and *Gamgeoba* (local governor's office). This report (1.2) is submitted to or by health care facilities in accordance with territorial subordination (village ambulatory/polyclinic, polyclinic ambulatory unit (PAU), rayon center for public health) once a year, in October or November.

The age group "Under 1" in this report (1.2) is estimated based on the number of actual children born during the first eight months of the current year (I-VIII), plus an estimation for the remaining months based on the number of children born in the ninth through twelfth months of the previous year (IX-XII). Other age groups are derived directly from the Record Book for Registering Children (1.1).

Data from the Population by Age Report (form 1.2) is the basis for completing the annual Prospective Plan for Immunizations (form 1.3) for immunization points. The accuracy of the Prospective Plan for Immunizations for the next year depends on the accuracy of data in the report (form 1.2).

Relation to Other Forms/Journals

The following table illustrates how the Population by Age Report (form 1.2) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form	Target Form for Information	Type of Information
Record book 1.1, for Registering Children by Year of Birth (based on census)	Number of population for each age group	**Form 1.2**	**Form 1.3**	Prospective plan for immunizations
Record book (1.1) statistical data on adults from Sakrebulo and Gamgeoba	Number of population for each age group			

Form 1.2: Population by Age Report

_____(health care setting) _____(date)

Age groups	Year of birth	Population
under 1	I-VIII m. 2004+IX-XII m. 2003	
1	2003	
2	2002	
3	2001	
4	2000	
5	1999	
6	1998	
7	1997	
8	1996	
9	1995	
10	1994	
11	1993	
12	1992	
13	1991	
14	1990	
TOTAL 0-14y11mo29d		
15	1989	
16	1988	
17	1987	
18	1986	
19	1985	
TOTAL 15-19y11mo29d		
20-29	1975-1984	
30-39	1965-1974	
40-49	1954-1964	
50-59	1945-1954	
60+	up to 1944 incl	
TOTAL 20+		
TOTAL		

Notes:
Compiled once a year (in Oct) on a basis of the data from the Record Book for Registering Children (1.1).
Age group "under 1" includes children born during first eight months (I-VIII) of the current year, plus children born in the last four months (IX-XII) of the previous year.
Data from this record is the basis for making the Annual Prospective Plan for Immunizations (1.3).

Prospective Plan for Immunizations for the Next Year (Form 1.3)

Purpose of the Form

The Prospective Plan for Immunizations for the Next Year (form 1.3) is used to plan immunizations for various age groups in the catchment area according to the official immunization calendar the Ministry of Labor, Health and Social Affairs (MoLHSA) has adopted in the country.

Responsible Person(s)

For ambulatories and Feldsher and midwife stations (FAPs), the facility head or district doctor, with the help of a district or facility nurse, is responsible for preparing the prospective plan for immunization for those children who reside in their catchment areas. A copy of the form is kept at the facility. Based on this primary source of information, polyclinic facilities (heads) prepare the cumulative plan for their respective catchment areas.

Instructions for Filling Out Forms

The Prospective Plan for Immunizations for the Next Year (1.3) is developed once a year (in October) on the basis of the Population by Age Report (1.2) and forms 063.

When completing this form for vaccination of children against pertussis, diphtheria, tetanus, polio, tuberculosis (TB) and hepatitis B, one must note two age groups: "Under 1y" (less than 1 year old) and "More than 1 year old". Data for the group "Under 1y" are taken from the appropriate age group of the Population by Age Report (1.2). This information should be recorded next to the appropriate vaccine, with the exception of TB and hepatitis B-1, where the number of home deliveries and number of children not immunized in maternity homes during I-VIII months of the current year and IX-XII months of the past year should be indicated separately. This means that the target group "Under 1y" for polio, diphtheria, pertussis, tetanus, and hepatitis-3 will be the same as the relevant age group in report 1.2.

The Prospective Plan (1.3) also has two age groups – "1 year" and "over 24 months" – for immunization against measles, mumps, and rubella. Data for the age group "1 year" is taken from the line "Under 1y" in the Population by Age Report, because in the following year (for which the plan is being completed), the child will be 1 year old. This means the target group "Under 1y" for all above-mentioned vaccinations (excluding TB and hepatitis B-1) and "1 year" for immunization against measles, mumps, and rubella will be the same.

The target groups for "[children] "more than 1 year old" (for diphtheria, pertussis, tetanus, polio, tuberculosis, and hepatitis B) and "over 24 months" (for measles, mumps, and rubella) includes children in those respective age groups who either were not immunized or have not completed the primary vaccination set. Data for these groups of children are compiled after reviewing individual children's forms 063.

Form 1.3: Prospective Plan for Immunizations for the Next Year

at_____(level of immunization point)

	Type of immunization		Target # of people	
	VACCINATIONS			**REMARKS**
1	**BCG, Hepatitis B-1**	**under 1 year**		Only home deliveries **(see Journal 1.1**), regardless of immunization status
2	**BCG**	**under 1 year**		Children not immunized in maternity house **(see F-063)**
	Hepatitis B -1	**under 1 year**		Children not immunized in maternity house **(see F-063)**
3	Hepatitis B	12-24 month		Not immunized or not fully immunized children 12-24 month **(see F-063)**
	Polio, Pertussis, Diphtheria, Tetanus Hepatitis B -3	**under 1 year**		AGE GROUP "UNDER 1" (**See Population by Age Report 1.2)**
4	Polio	1-15 year		Not immunized or not fully immunized children over 1 y **(see F-063)**
	DTP	1-5 year		Not immunized or not fully immunized children over 1 y **(see F-063)**
	DT	1-6 year		Not immunized or not fully immunized children over 1 y **(see F-063)**
	Td	over 6 year		Not immunized children, adolescents **(see F-063)**
	Measles, Mumps, Rubella	**1 year**		AGE GROUP "UNDER 1" (**See Population by Age Report 1.2)**
5	Measles, Mumps, Rubella	over 24 month		Children over 24 month old not immunized against measles (see F-063)
	BOOSTERS			**REMARKS**
1	DTP-4	18-24month		Children born in the first half of the current year + children born in the last half of the last year
2	DT-4	18+ month		Children immunized with DT
3	Polio-4	18-24month		Children born in the first half of the current year + children born in the last half of the last year
4	DT, Polio, Measles, Mumps, Rubella	5y-5y11m29d		The entire relevant age group **(See Population by Age Report 1.2)**
5	Measles, Mumps, Rubella	13 year		The entire relevant age group **(See Population by Age Report 1.2)**
6	Td	14 year		The entire relevant age group including children with contraindications **(See Population by Age Report 1.2)**

Notes:
Filled in once a year (in Oct.) on the basis of the Population by Age Report (1.2).
Target group for children aged more than 1 year, "more than 1 year old" (for diphtheria, pertussis, tetanus, polio, TB and Hep B) and "over 24 months" (measles, mumps, rubella) includes children over 1 or 2 years who are either not immunized or have not completed the primary vaccination. Data for these groups are taken from individual children's forms 063.

In the boosters section, the DPT-4 and polio-4 targets consist of children born during the first six months of the current year and last six months of the previous year, and this figure should be derived from record book 1.1. Children who are not in this age group and require boosters must be immunized, however, it is not necessary to include them in the prospective plan. The target for the fourth dose of the diphtheria and tetanus toxoid combination (DT-4) should include children over 18 months who have been vaccinated with DT. The information for the column for DT, polio, measles, mumps and rubella is taken from the appropriate age group of children who will be 5 years old the following year.

This report (1.3) is submitted to health care facilities in accordance with territorial subordination (village ambulatory/polyclinic head, PAU, rayon CPH) once a year in October or November.

Special Requirement

Children who were not vaccinated according to their age and not included in the prospective plan should be immunized, and this has to be reflected in a monthly report.

Relation to Other Forms/Journals

The following table illustrates how Prospective Plan for Immunizations for the Next Year (form 1.3) relates to the types of information presented in other forms.

<table>
<tr><th>Source of the Information</th><th>Type of Information</th><th>Current Form/Journal</th><th>Target for Information</th></tr>
<tr><td>Form 1.2, Population by Age Report

Form 63</td><td>Total number of children under 1 year is calculated based on 8 months of this year + last 4 months (IX-XII) of past year.

Non-immunized children over 1 year (2 years)</td><td rowspan="2">Form 1.3</td><td rowspan="2">Immunization coverage monitoring form
Worksheet for the projection of vaccine needs (at rayon level)</td></tr>
<tr><td>Statistical data on adults from “Sakrebulo and Gamgeoba”</td><td>Number of population for each age group</td></tr>
</table>

Exchange Card of a Newborn (Form 113)

Purpose of the Form

The Exchange Card of a Newborn (form 113) is completed for every child born in a maternity home, and reflects the initial immunization status of the child. Upon discharging a child from a maternity home, the attending doctor should make a note about the child's BCG and Hepatitis B immunization in form 113.

Responsible Person(s)

This form is prepared by the attending doctor at the maternity home and given to the mother.

Instructions for Filling Out Forms

If a child does not receive BCG or Hepatitis B (for a specific reason such as contraindication), the reason should be stated in form 113. Upon discharging a child from a maternity home, the attending doctor should send form 113 to the appropriate pediatric (therapeutic) district where the child lives.

After receiving the child's form 113, a health worker should enter the data about the newborn in the Record Book for Registering Children (1.1) under a unique registration number and then start form 112 for this child (form 113 should be pasted into form 112).

Form 063 is used for recording BCG, Hepatitis B and subsequent immunizations. The registration number on a child's forms 112 and 063 should correspond to the registration number in the record book (1.1).

Relation to Other Forms/Journals

The following table illustrates how Exchange Card for a Newborn (form 113) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Child record at maternity	BCG	**Form 113**	**Form 112 + Form 063**	BCG

Child Development History (Form 112)

Purpose of the Form

Child Development History (form 112) is assigned to every child in the district. It reflects the history of a child's development and all medical services provided to that child, as well as the child's immunization status.

Immunization Record (Form 063)

Purpose of the Form

The Record of Immunizations (form 063) is assigned to every newborn. This form is needed to record and monitor immunizations given to a child. Form 063 also contains information about a child's reaction following immunizations and any medical contraindications.

Responsible Person(s)

Each district doctor prepares this form with the help and support of the district nurse. The form should be kept at the health care facility in specially organized boxes.

Instructions for Filling Out Forms

Form 063 is organized in accordance with the child's year of birth and scheduled immunization month. When the child reaches the age of 15, form 063 is passed to the adult polyclinic registry for further recording of immunizations and formation of the register (card index) of immunizations given to adults.

Relation to Other Forms/Journals

The following table illustrates how the Immunization Record (form 063) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Form 112, Child Development History	Name, DoB, address	**Form 063**	**Record book 1.4**, Monthly Plan for Immunization	Individual information, number of children who are to be immunized this month
Record Book 1.1, for Registering Children by Year of Birth	Registering #		**Form 1.3**, Prospective Plan for Immunizations for the Next Year	Determine contingent of not immunized or not fully immunized children over 1 year
Form 113, Exchange Card of a Newborn	Information on immunization BCG given		**Form 1.8**, Report on Immunization Practice	Timeliness of immunizations given

Form 063: Immunization Record

Ministry of Health of Georgia
Name of the health care setting_____
Registration date_____ Registration # _____
1. NAME_____
2. DoB _____
3. HOME ADDRESS: city/village _____, street_____, house_____, apt_____
Rayon_____
Notes about changes of home address_____

TB immunization

	Age	Date	Dose	Lot#	Adverse reaction (local)	Contraindications (period, reason)
Vaccination						

Polio immunization

Vaccination			Boosters					
Age	Date	Lot#	Age	Date	Lot#	Age	Date	Lot#

Diphtheria, pertussis and tetanus immunizations

	Age	Date	Dose	Lot#	Vaccine type	Adverse reaction		Contraindications (period, reason)
						General	Local	
Vaccination								
Boosters								

Measles, mumps, rubella immunizations

	Age	Date	Dose	Lot#	Vaccine type	Adverse reaction		Contraindications (period, reason)
						General	Local	

Hepatitis B Immunizations

	Age	Date	Dose	Lot#	Vaccine type	Adverse reaction		Contraindications (period, reason)
						General	Local	

Other immunobiologicals (Immunoglobulins, other vaccines)

	Age	Date	Dose	Lot#	Vaccine type	Adverse reaction		Contraindications (period, reason)
						General	Local	

Date of leaving the register_____ Reason_____ Signature_____.

* The card is filled in at a child's health care facility or FAP when the child is registered. It should be kept at the facility.
* A certificate of vaccinations is given when a child moves from a town or rayon. When the child reaches the age of 15, the record is passed to the registry of adult polyclinic.

Record Book for Monthly Planning and Registering of Immunizations (Record Book 1.4)

Purpose of the Record Book

The Record Book for Monthly Planning and Registering of Immunizations (1.4) is recommended to record the planning and registering of immunizations (vaccination and boosters) on a monthly basis. All of these vaccinations and boosters are planned at the end of a month on the basis of forms 063.

Responsible Person(s)

Every district doctor, with the help of a district nurse or vaccinator, is responsible for preparing the Record Book for Monthly Planning and Registering of Immunizations (1.4).

Instructions for Filling Out Forms

The names of children eligible for the next immunization are entered in the record book (1.4) in accordance with the immunization schedule. The registration numbers of these eligible children are taken from forms 063 and entered in the first column ("#"). This number must be identical to the number in forms 112 and 063 of the respective child. The column "Actually done (date)" has two parts: "under 1y/2y/6y" and "late, over 1y/2y/6y)." As soon as a child is immunized, a health worker should enter the date of immunization in the column appropriate to the age of the child on the day of immunization. The lot number and dose of vaccine should also be indicated in the column "Remarks." In cases where more than one immunization is given per child per month, the relevant number of lines in the record book (1.4) can be assigned to each child. On the day of immunization all the data should be entered in the appropriate columns of both the record book (1.4) and forms 063 and 112.

If a child does not get immunized because of a temporary medical contraindication, the contraindication should be stated in the column "Remarks" and the child should be immunized the following month. If a child does not get immunized for other reasons (e.g., absence of vaccine, child did not appear), these reasons also should be indicated in the column "Remarks" and the child should be immunized on the next immunization day.

If the health worker determines the child has a long-term or permanent contraindication, he/she should register it in the Record Book for "More Than 1 Month," Constant Contraindications and Refusals (1.5). If a "guest" (a child who arrived in the area less than four months earlier) is vaccinated, it should be indicated in the column "Remarks." The monthly Report on Immunization Practice (form 1.8) is compiled on the basis of this form. Two sections of the monthly report "Immunizations Made" and "Contraindications to DTP" (temporary) can be completed. Someone not showing up for immunization is not considered to be a refusal or contraindication, and therefore it should not be reported in the monthly report form.

Record Book 1.4: Record Book for Monthly Planning and Registration of Immunizations

#	Name	DoB	Home address	Type and order of vaccination	Vaccination scheduled for (date)	Vaccination actually done (date)		REMARKS (lot #, dose, or reason not immunized according to the schedule)
						Under 1y/2y/6y	Late, Over 1y/2y/6y	
						BCG-1, DPT1-3, Polio1-3, HepB1-3, DT1-3		
						<12 mo	>12mo	
						DTP, DT, Polio-4		
						18mo-24mo	>24mo	
						MMR-1		
						12-24mo	>24mo	
						MMR-2, OPV-5, DT		
						5y-5y11mo29d	>6y	
04/04	*Iashvili Irakli*	*01.04.2004*	*5 Abashidze st.*	*DPT-1*	*01.06.*	*05.06.*		*lot# 3125 - 0.5 ml*
				Polio-1	*01.06.*	*05.06.*		*lot# 2465 - 2 drops*
04/02	*Gvensadze Eka*	*11.03.2004*	*2 Paliashvili St.*	*DPT-2*	*11.06.*	*16.06.*		*lot# 3125 - 0.5 ml*
				Polio-2	*11.06.*	*16.06.*		*lot# 2465 - 2 drops*
04/01	*Mishveladze Tamara*	*13.02.2004*	*80 Abashidze st.*	*DPT-3*	*13.06.*	----------		*temp. contraindication*
				Polio-3	*13.06.*	*20.06.*		*lot# 2465 - 2 drops*
03/28	*Gabunia Maka*	*14.05.2003*	*7 Eristavi St.*	*MMR-1*	*14.06.*	*25.06.*		*lot# 5612 - 0.5 ml*
02/31	*Pipia Dato*	*15.06.2002*	*11 Eristavi St.*	*DPT-4*	*03.06.*		*25.06.*	*lot# 3125 - 0.5 ml*
				Polio-4	*03.06.*		*25.06.*	*lot# 2465 - 2 drops*

* Plan for the next month is done at the end of the current month on the basis of form 063. Non-vaccinated children from previous month should be added.
* Registration number in this record book corresponds to the number in the Register of Children (1.1) and on forms 063 and 112.
* Immunizations made should also be registered in forms 063 and 112.
* Contraindications and refusals are registered in the record book for “Long-term,” Constant Contraindications and Refusals (1.5).
* At the end of every month, a monthly Report on Immunization Practice (1.8) is made on a basis of this record book - two sections, "Immunizations made" and "Contraindications to DTP,” are filled in.
* Not showing up is not considered as a refusal or temporary contraindication.

Relation to Other Forms/Journals

The following table illustrates how Record Book for Monthly Planning and Registering of Immunizations (1.4) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Form 063, records on immunization	Information on children who are to be immunized this month by the type of specified vaccines	**Record book 1.4**	**Form 1.8**, Report on Immunization Practice	Information on immunization practice this month
			Record book 1.5, Record Book for "Long-term" (More Than 1 Month), Constant Contraindications and Refusals	Information on contraindications and refusals
			Monitoring forms	Information requested on monitoring forms

Record Book for Long-term (More than 1 Month), Constant Contraindications and Refusals (Record Book 1.5)

Purpose of the Record Book

The Record Book for Long-term (More than 1 Month), Constant Contraindications and Refusals (1.5) is an obligatory document for every health care facility where immunizations are performed. Children with long-term (more than one month) and permanent contraindications to various immunizations and any refusals for immunization are registered in this record book

Responsible Person(s)

A district doctor is responsible for maintaining this book for decisions about diagnosing or canceling long-term medical contraindications. A maternity house doctor is responsible for recording contraindications to BCG and Hepatitis B vaccines.

A list of contraindications to vaccinations is given later in this chapter.

Instructions for Filling Out Forms

In order to accurately register children who have had contraindications for more than one month (in case a contraindication is prescribed to the same child more than once), a note of "repeated" should be made in the column "Remarks." A health worker also should make notes about the arrival or departure of children with long-term or permanent contraindications in that column as well.

Every month a health worker completes the "Contraindications to DTP" section (for long-term and permanent) and "Refusals" section of the Report on Immunization Practice (1.8) based on this record book (1.5). If a child is diagnosed with a permanent contraindication, it should be reported each month until the child reaches 1 year of age.

If a child is not vaccinated due to repeated or extended contraindication "over 1 month," the Rayon Doctors' Expert Group/Commission should discuss this issue and make a decision about further tactics regarding immunization of this child. Those who refuse immunization should still be offered immunization on subsequent immunization days.

Relation to Other Forms/Journals

The following table illustrates how the Record Book for Long-Term Constant Contraindications and Refusals (1.5) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Record book 1.4, for Monthly Planning and Registering of Immunizations	Information on refusals and contraindications	**Record book 1.5**	**Form 1.8**, Report on Immunization Practice	Refusals and contraindications
Form 112, Child Development History	Final diagnosis and duration of contraindications			

Record Book 1.5: Record Book for "Long-term" (More than 1 Month), Constant Contraindications and Refusals

#	Name	DoB	Home Address	Type of immunization	Refusal	Over 1 month	Permanent	Final diagnosis/Refusal	Duration of the contraindication	Name and specialist confirming child has contraindication	Remarks (under 1 year?, repeated?, vaccinated?)
									long-term (from...to...) or permanent		
04/04	*Tvauri Irina*	*02.02.2004*	*2 Chavchavadze St.*	*DPT-1*		✓		*Hydrocephalus in the decompensation stage*	*from 02.04.2004 to 02.07.2004*	*Dr. Chaidze, neuropathologist*	
04/06	*Dolagidse T.*	*28.04.2004*	*21 Kausbeki St.*	*DPT-2*	✓			*Refusal*	*from 25.07.2004*	*parents*	

Notes:
This record is kept at a vaccination point for registration of refusals and long-term (over 1 month) and permanent contraindications.
At the end of every month, a section of a monthly Report on Immunization Practice (form IV-04, exp. 1.8) is filled in on the basis of this record book.

Contraindications to Vaccination

A contraindication is a condition in a person that greatly increases the chance of a serious adverse reaction to a vaccine. Therefore, vaccines should not be administered when a contraindication is present. However, it is important to note that there are very few absolute contraindications to EPI vaccines. False contraindications are a major cause of non-immunization or delays in completing the routine immunization schedule. If persons are not immunized due to illnesses that are not true contraindications, then an opportunity for immunization is lost.

Vaccine	Permanent Contraindications	Temporary Contraindications
All Vaccines	Severe reaction or complication on the previous dose of the same vaccine, e.g., 1. anaphylactic shock 2. collapse 3. encephalopathy or encephalitis 4. afebrile seizures	1. Moderate or severe acute disease with clearly manifested clinical signs 2. Fever 38,5^{0}C and higher
All Live Vaccines	Leucosis and lymphoma or generalized malignancy	1. Treatment with high doses of oral or injection steroids (e.g., more than 20 mg/day, or more than 2mg/kg/day), anti-metabolic drugs, or radiology treatment within the past 6 months. 2. Pregnancy or an intention to get pregnant in the next month.
BCG	HIV infection/AIDS	
DPT	1. Progressive diseases of nervous system 2. History of afebrile seizures (in this case vaccination is performed without the pertussis component).	
DT, Td	No absolute contraindications	
OPV	No absolute contraindications. In case of HIV/AIDS or household contact with an immuno-deficient person, vaccination is performed with IPV.	
Measles, Mumps or MMR	1. Severe allergic reaction to aminoglycosid antibiotics (neomycin, kanamycin) or other vaccine components (e.g., gelatin for MMR). 2. Congenital or severe acquired immunodeficiency** 3. Anaphylactic reaction to eggs or egg protein (depending on vaccine type). Such children should be vaccinated with vaccines based on chicken fibroblasts or human diploid cells.	Receipt of immune-globulin or other blood product* within the past 3 months. Thrombocytopenia (for MMR vaccine) due to the risk of the development of a severe form of the disease
Viral Hepatitis B	No absolute contraindications. During pregnancy, vaccination is performed in obviously necessary cases.	

* Blood products may interfere with the replication of live vaccine viruses.

** Persons with HIV infection who are symptomatic or mildly immunosupressed should receive this vaccination, because measles can be very severe in persons with HIV infection and is often associated with complications.

The list of contraindications should be checked against the vaccine instructions. No other condition represents a permanent contraindication to the vaccination**.** Pregnancy is not contraindication for Td vaccination.

Following is a list of "false" contraindications, i.e., diseases and conditions that do not represent contraindications to immunization.

- Perinatal encephalopathy
- Stable neurological condition
- Anemia, chronic tonsilitis, otitis
- Chronic diseases of the heart, lung, kidney, and liver
- Tymomegalia
- History of jaundice after birth
- Allergy, ashtma, polinosis, eczema
- Developmental deficiencies, fermentopathy
- Disbacteriosis
- Locally used steroids
- Hypotrophy
- Diarrhea (without intoxication)
- Recent exposure to infections disease
- Prematurely or low birth weight
- Hystory of sepsis
- Autoimmune diseases of connective tissues
- Neonatal hemolitic disease
- Postvaccinal complication in family
- Allergy in relatives
- Epilepsy manageable by treatment
- Family history of seizures or sudden death syndrome
- Pregnant mother
- Breastfeeding or artificial feeding
- Mild local reaction on previous vaccine injection

The key to preventing serious adverse reactions is screening prior to giving the vaccine dose. This can be accomplished with just a few questions:

- How is your child feeling today?
- Does your child have any allergies to any food or medication?
- Did the child have any problems after his/her last vaccinations?
- Does the child have any problems with his/her immune system?
- Does anyone in your household have a problem with their immune system?
- Has the child received any blood products (like a transfusion or immune globulin) in the past three months?
- Are you pregnant or trying to become pregnant?

Record Book for Vaccine, Syringe, and Safety Box Flow (Record Book 1.6)

Purpose of the Record Book

The Record Book for Vaccine, Syringe, and Safety Box Flow (1.6) is used to continuously track the supply, consumption, and remaining stock of vaccines, syringes, and safety boxes.

Responsible Person(s)

The person responsible for monitoring the flow and consumption of materials is also responsible for preparing this record book.

Instructions for Filling Out Forms

The record book contains blank forms where the name of the item – vaccine, syringe, or safety box – should be written on the line next to "Material: _____." The lot number and expiration date are entered, as appropriate, depending on the type of item, i.e., whether it is a vaccine, syringe, or safety box. Each item should have its own page (or multiple pages) in the record book.

In addition to regularly recording the receipt, issue, and usage of vaccines, syringes, and safety boxes, the health worker responsible for recording each type of material should always calculate the balance of all remaining inventory once any are received, given out, used, and destroyed. A health worker should continue recording the balance in the record book (1.6) in order to be able to accurately tell at any moment (not only at the end of month) how many of each type of item he or she has at the immunization point (store). The health worker should make notes in the record book (1.6) on the day the material is received, issued, or used. Leftover doses from the opened vials should be reported as "used" and not as "destroyed." For example, if six children are vaccinated with a vial of 10 doses and four doses are left, 10 should be recorded in the "used" section. Doses destroyed during the reporting period because they have exceeded the expiration date, are damaged, or violate cold chain requirements should be recorded in the "destroyed" column.

At the end of every month a health worker should inventory the amount of materials left in the immunization point and check whether the amount corresponds to the balance in the record book (1.6).

The "use of vaccines" section of the monthly Report on Immunization Practice (1.8) is completed based on the data from the record book (1.6). The "amount used" includes the sum of used and destroyed vaccine doses. For vaccines, all records are made in doses, not in vials or mls.

Relation to Other Forms/Journals

The following table illustrates how Record Book for Vaccine, Syringe, and Safety Box Flow (1.6) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
The Act on "receiving/ giving out" of vaccines, syringes, and boxes	Amount of vaccines, syringes, and safety boxes received/given out	**Record Book 1.6**	"Use of vaccines" section of **Form 1.8**, Report on Immunization Practice	Info on received, issued, used, destroyed, or written off vaccines, syringes, and safety boxes
Journal of vaccination room and/or record book 1.4	Total amount of vaccines consumed			

Record Book 1.6: Record Book for Vaccine, Syringe, and Safety Box Flow

at_____Health Care Facility

Material: DPT Vaccine_____

DATE	RECEIVED				GIVEN OUT				USED	DESTROYED	BALANCE
	From	Amount (in doses)	Lot #	Exp. date	To	Amount (in doses)	Lot #	Exp. date	(in doses)	(in doses)	(in doses)
								Balance	***as of 31 May***		**=10**
1.06	*CPH*	*60*	*c-3125*	*10.2003*							*70*
3.06					*FAP-1*	*10*	*c-3125*	*10.2003*			*60*
4.06					*FAP-2*	*10*	*c-3125*	*10.2003*	*10*		*40*
5.06									*10*		*30*
8.06									*20*		*10*
Total for the month		60				20			40	0	10

Notes:
Vaccine flow is tracked daily upon the vaccine being received, given out, or used (in doses!, not in ml or vials).
Balance of any vaccine at the vaccination point can be tracked at any time.
At the end of every month a section of a monthly Report on Immunization Practice (1.8) is filled in on the basis of this record.
Total number of used and destroyed vaccine doses should be recorded in the column "amount utilized" of form 1.8.

Temperature Registration Record (Form 1.7)

Purpose of the Form

The Temperature Registration Record (form 1.7) facilitates monitoring the temperature at which vaccines are stored.

Responsible Person(s)

Each district health facility must designate one person responsible for making notes in the record book and signing the document at the end of each month.

Instructions for Filling Out Forms

A health care worker responsible for vaccines should monitor the temperature in the refrigerator where vaccines are kept and note the temperature on form 1.7 twice daily (at the beginning and end of a working day). In case of a power failure or breakdown of the refrigerator, a health worker should make appropriate notes on form 1.7 (indicator 1 [D] means the refrigerator is turned off for defrosting; indicator 2 [N] means refrigerator is out of order (not working); indicator 3 [P] means refrigerator is turned off because of power deficiency) and take appropriate measures to ensure the proper temperature regimen for storage of the available vaccines.

Form 1.7: Temperature Registration Record

Responsible Person (Name)_____*

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Signature
JAN	morning																																
	evening																																
FEB	morning																																
	evening																																
MAR	morning																																
	evening																																
APR	morning																																
	evening																																
MAY	morning																																
	evening																																
JUN	morning																																
	evening																																
JUL	morning																																
	evening																																
AUG	morning																																
	evening																																
SEP	morning																																
	evening																																
OCT	morning																																
	evening																																
NOV	morning																																
	evening																																
DEC	morning																																
	evening																																

D = refrigerator is turned off for defrosting, N = refrigerator is out of order (not working),
P = Refrigerator turned of because of power deficiency.
*Responsible person has to sign the document at the end of each month.

Signature of Responsible Person_____

Report on Immunization Practice (Form 1.8)

Purpose of the Form

The Report on Immunization Practice (form 1.8) is the main reporting document that reflects the immunization situation at immunization points and maternity houses. The form is compiled on a monthly basis and submitted to the appropriate health care facility according to territorial subordination.

Responsible Person(s)

Each district doctor, with the help of district nurse and maternity house staff, is responsible for preparing a Report on Immunization Practice.

Instructions for Filling Out Forms

The data needed to fill in the first section, "Immunizations given," is taken from the Record Book for Monthly Planning and Registering of Immunizations (1.4).

The "Contraindications to DTP" section is completed on the basis of data obtained from two record books:

- Record Book for "More Than 1 Month," Constant Contraindications and Refusals (1.5). Data from this record book can be used to fill in the "over 1 month," "Permanent," and "Refusal" columns.
- Record Book for Monthly Planning and Registering of Immunizations (1.4). Data from this record book is used for completing the "Temporary" column. If a person does not appear for an immunization, it should not be considered as a refusal or temporary contraindication, and therefore should not be reported on this form.

The "Use of vaccines" section is filled out by using data from the Record Book for Vaccine, Syringe, and Safety Box Flow (1.6), based on the type of specified vaccines. "Amount used" includes the sum of used and destroyed vaccine doses. The number of doses indicated in column 5 of the current month reporting form should be similar to the doses indicated in column 7 of the previous month's form. These columns in the "Use of vaccines" section are needed to monitor the vaccine stock at various levels (health care facilities, CPH) and to ensure the even distribution of vaccines as they are used at immunization points.

Field Statistics Reporting Form

Pursuant to article 177 of the Georgian Administrative Justice Violation Code, failure to submit statistical information on time, falsification of the submission data, or failure to use the established form by facilities will incur a penalty of eight to twelve times the amount of the minimum monthly salary.

Ministry _____
(Name)

Form # 4 (Monthly)

District, rayon, facility _____
(Name, address)

Report on preventive vaccinations administered
_____ (month) 20___ (year)

Form 1.8: Report on Immunization Practice

Health care Facility, Period Date

Immunizations Given				Use of Vaccine in Doses			
Vaccine	**Age at vaccination**	**Number of people vaccinated**	**Total immunizations given**	**Balance at the beginning of the period (doses)**	**Received (doses)**	**Balance at the end of the period (doses)**	**Amount used (doses)**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8=5+6-7**
BCG-v	0-5 days		Total				
	6 days - 11mo29d						
	1 year - 1 y 11mo29d						
DPT-1	2 months - 11mo29d		Total				
Diphtheria-Tetanus-Pertussis-1	More than 1 year						
DPT-2	3 months - 11mo29d						
Diphtheria-Tetanus-Pertussis-2	More than 1 year						
DPT-3	4 months - 11mo29d						
Diphtheria-Tetanus-Pertussis- 3	More than 1 year						
DPT-4	18 - 24 months						
Diphtheria-Tetanus-Pertussis-4	More than 24 months						
DT-1	under 1 year		Total				
Diphtheria-Tetanus-1	More than 1 year						
DT-2	under 1 year						
Diphtheria-Tetanus-2	More than 1 year						
DT-3	under 1 year						
Diphtheria-Tetanus- 3	More than 1 year						
DT-4	18 months +						
DT	5 years - 5 y11mo29d						
Diphtheria-Tetanus	6 years - 6 y11mo29d						
OPV-1	2 months - 11mo29d		Total				
Poliomyelitis -1	More than 1 year						
OPV-2	3 months - 11mo29d						
Poliomyelitis -2	More than 1 year						
OPV-3	4 months - 11mo29d						
Poliomyelitis -3	More than 1 year						
OPV-4	18 - 24 months						
Poliomyelitis -4	More than 24 months						
OPV-5	5 years - 5 y11mo29d						
Poliomyelitis -5	More than 6 years						
Other OPVs	others						
VHB-1	0 - 24 hours		Total				
Viral Hepatitis B-1	25 hours - 11mo29d						
	1 year - 1y11mo29d						
VHB-2	2 months - 11mo29d						
Viral Hepatitis B-2	1 year - 1y11mo29d						
VHB-3	3 months - 11mo29d						
Viral Hepatitis B-3	1 year - 1y11mo29d						
Other VHB-1							
Other VHB-2							
Other VHB-3							
MMR-1	**12 - 24 months**		Total				
	More than 24 months						
MMR-2	**5 years - 5 y11mo29d**						
	More than 6 years						
MMR	**13 years**						
	others						
Measles	others		Total				
Mumps			Total				
Rubella			Total				
MR			Total				
Td Tetanus - Diphtheria	more than 6 years		Total				
	14 years						
	others						

REFUSALS OF DPT		CONTRAINDICATIONS TO DTP				
			Short-term	Long-term	Permanent	Total
DTP (under 1y)		DTP (under 1y)				

If no vaccinations were performed during the reporting month, facilities should submit zero reports. The vaccination of a child who arrived in the territory less than four months ago (a "guest") should be reported in this monthly form (1.8). If such practice is extensive, the rayon center of public health manager may request information from the facilities about the number of guests vaccinated with DPT-3. This information should be submitted in a written form along with the monthly reports.

Maternity houses should complete both the "Immunizations given" and "Use of vaccines" sections of form 1.8.

Form 1.8 is both a recording and a reporting document for immunization points. Two copies of the form are needed; one is submitted to the appropriate health care facility according to territorial subordination not later than on the 28th day of the current month and the other to be retained at the facility.

Relation to Other Forms/Journals

The following table illustrates how the Report on Immunization Practice (form 1.8) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal
Record book 1.4, for Monthly Planning and Registering of Immunizations	Information on immunizations given	**Form 1.8**
Record book 1.5, for "More Than 1 Month," Constant Contraindications and Refusals	Information on "more than 1 month" and "permanent" contraindications	
Record book 1.6, for Vaccine, Syringe, and Safety Box Flow	Information on use of vaccines by the type of specified vaccines	

2. Submission of the Reporting Documentation

The following explains what reporting documentation the immunization point must submit and when:

- Population by Age Report (1.2), annually, no later than November 10
- Prospective Plan for Immunizations for the Next Year (1.3), annually, no later than November 10
- Report on Immunization Practice (1.8), monthly, no later than the 28th of the month. This form provides the basis for monitoring the entire immunization program and can serve as a signal for taking measures on eliminating detected mistakes and problems.

Original copies of these reports must be kept at the health care facility. Copies of each report are submitted to the next level according to territorial subordination.

The reports mentioned above, and other recording documents, are the basis for preparing documentation for the state statistical reporting. The order of the flow of information is defined according to the decree of the MoLHSA #122/n.

3. Monitoring System

Health care facilities that have subordinate immunization points are the first level of immuno-prophylaxis management. Summary reports are made starting at this level, and this is where staff are responsible for ensuring that the reporting forms submitted by their subordinate areas are filled out completely and correctly and for analyzing all indicators of the immunization of the population.

Health officials who manage health care facilities are personally responsible for the timeliness and quality of information in the reporting forms. The appropriate analytical worksheets to calculate indicators and provide graphical analysis should be filled in for every subordinate facility. The accuracy of the reported data will be analyzed by checking subordinate FAPs and therapeutic and pediatric districts, according to the approved checklist, and by an analysis of the results in the recommended worksheets.

Monitoring of immunizations at this level should be based on the following indicators:

- DPT-3 coverage of children under 1 year (percentage)
- Vaccine usage/wastage indicator
- Percentage of children under 1 year with contraindications to DPT 1-3
- Percentage of DPT refusals in children under 1 year

All the indicators should be analyzed on a monthly basis. Graphical monitoring is recommended for immunization points that have more than 50 children under 1 year old. If appropriate, monitoring of other quantitative and qualitative indicators may be performed.

Monitoring of DTP-3 Coverage of Children Under 1 Year

Purpose of the Form

This form is proposed to monitor work performed in FAPs, ambulatories, and therapeutic or pediatric districts.

Responsible Person(s)

Every district doctor in areas that have more than 50 children under 1 year old should prepare this monitoring document, with the help of a district nurse.

Instructions for Filling Out Forms

If vaccination of children under 1 year old is organized properly, coverage should reach 96 to 97 percent, because according to the immunization schedule, the majority of children should get their DPT-3 immunization before they are 5 months old. Only a small number of children with justified long-term contraindications or extended intervals between DPT-1, -2, and -3 will be able to complete the primary vaccination set from the ages of 5 months to 1 year. The number of children who have permanent or long-term contraindications should not be significant if the immunization tactics are correct.

The monitoring worksheet should be completed on a monthly basis to monitor DPT-3 coverage of children under 1 year using the principle of "Cumulative calculations." The conclusions from this worksheet can be used at various meetings for making decisions.

Once the DPT-3 coverage cumulative percentage has been calculated every month, a curve reflecting this percentage should be drawn on the graph. After building the curve, a health worker will be able to easily compare DPT-3 coverage during the given period of time at his or her district with the target line, reflecting the average percentage of DPT-3 coverage needed to reach the goal until the end of the year.

In a case where the curve reflecting DPT-3 coverage during the given period of time is below the target line and does not approach it the following month, the health worker should regard this as an urgent signal to detect the reasons behind the low coverage and to take appropriate measures to correct any problems that might have resulted from the following reasons:

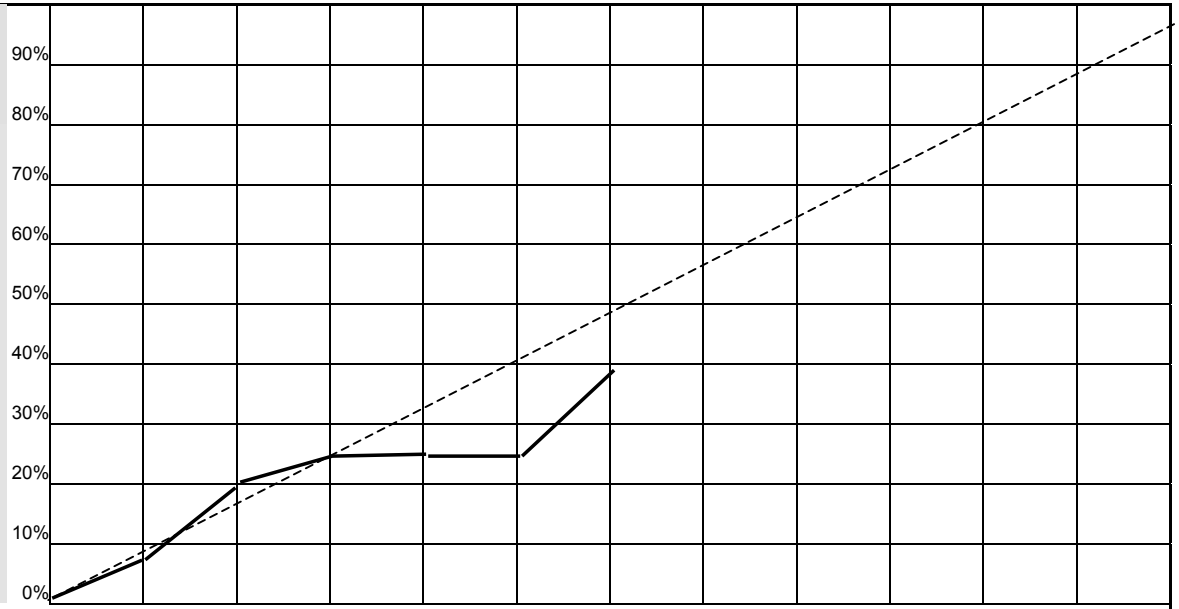
- Failure to reach all children under 1 year old
- Unreasonably high rate of contraindications
- Frequent or prolonged shortages of vaccine(s)
- High proportion of refusals to receive vaccine

The corrective strategy will depend on identifying the appropriate reason for low coverage.

Cases that have too high (above the target line) DPT-3 coverage of children under 1 year should be analyzed for data errors by examining the actual number of children born (the target population). Such cases can either refer to the wrong definition of the target group "under 1y" or reflect the difference in the number of children born monthly.

Monitoring of DPT-3 Coverage of Children Under 1 Year in 200_

Total number of children in the district – *100*



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of DTP-3 vaccinations given to children under 1 year this month		7	13	5	0	0	15						
Cumulative number of DTP-3 vaccinations given to children under 1 year		7	20	25	25	25	40						
DTP-3 coverage (%) of children under 1 year (cumulative)		7%	20%	25%	25%	25%	40%						

Notes:
Number of children under 1 year is taken from the Population by Age Report (1.2).
This record is kept at the level of rayon CPH, district polyclinic or ambulatory for monitoring of the performed work.

Relation to Other Forms/Journals

The following table illustrates how the form to monitor DPT-3 coverage of children under 1 year relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal
Form 1.2, Population by Age Report	Number of children under 1 year	**Monitoring of DPT-3 Coverage of Children Under 1 Year**
Form 1.8, Report on Immunization Practice	Number of DPT-3 vaccinations given to children under 1 year this month	

Vaccine Usage Indicator

Purpose of the Form

The Vaccine Usage Indicator provides health care facility managers with important information about the amount of vaccines used per number of immunizations made at every immunization point for which they are responsible.

Responsible Person(s)

Every district doctor is responsible for preparing the monitoring document with the help of a district nurse.

Instructions for Filling Out Forms

DPT vaccine usage has been chosen as a marker, which can indirectly speak about problems related to use of all vaccines. It should be calculated on a quarterly basis.

If this indicator is too low (≤ 1), either the data are inaccurate due to improper recording of vaccine usage or the children are not getting immunized properly (e.g., they received less of a dose than required). On the other hand, if the indicator of vaccine usage is too high (see table below) this may have been caused by improper organization of days for immunization, failure to adhere to the temperature storage regimen, or improper recording of vaccine usage. Vaccine usage indicators should be compared between immunization points with similar size of children served (e.g., separately for FAPs and village ambulatories on the one hand, and for children's polyclinics in towns on the other hand).

Acceptable wastage coefficients and recommended frequency of immunization sessions for each vaccine presentation are presented below. Wastage that exceeds these numbers points to existence of the above-described problems.

		Number of children under one year of age served by facility				
		0-10	**11-60**	**61-120**	**120-300**	**>300**
Recommended number of immunization sessions per month		1 (via local medical personnel* or mobile team)	1	2	3	as appropriate
Vaccine	**Doses/Vial**	**Acceptable wastage coefficients**				
MMR	1	N/A	1.05	1.05	1.05	1.05
DPT, Measles, Mumps	2		1.5	1.3	1.1	1.1
Hepatitis B	6		2.0	1.5	1.3	1.3
DPT, Polio, Hepatitis B, MMR	10		3.0	2.0	1.5	1.3
DT, Td	10					1.5
BCG	10 or 20		as much as needed			3.0

* Medical personnel from a facility to which the ambulatory is subordinated.

Health care facility managers should know how a vaccine was used; however, they should be careful when interpreting these data. Higher than average wastage can be justified for vaccinating sparsely populated territories in absence of mobile teams or for opening a large vial in order to take advantage of an opportunity to vaccinate children that would normally be very hard to reach. Urgent measures should be taken if the vaccine usage indicator becomes *unreasonably* high or low.

Worksheet on the Use of DPT Vaccine

in _____(year)

Vaccination	January		February		March		1ST QUARTER			April		May		June		2ND QUARTER		
	vaccine used (doses)	vaccinations made	vaccine used (doses)	vaccinations made	vaccine used (doses)	vaccinations made	total vaccine used in the quarter	total vaccinations made in the quarter	actually used vaccine per 1 vaccination	vaccine used (doses)	vaccinations made	vaccine used (doses)	vaccinations made	vaccine used (doses)	vaccinations made	total vaccine used in the quarter	total vaccinations made in the quarter	actually used vaccine per 1 vaccination
							1	2	3=1:2							1	2	3=1:2
DPT	*10*	*4*	*10*	*10*	*20*	*8*	*40*	*22*	*1.82*									

Vaccination	July		August		September		3RD QUARTER			October		November		December		4TH QUARTER		
	vaccine used (doses)	vaccinations made	vaccine used (doses)	vaccinations made	vaccine used (doses)	vaccinations made	total vaccine used in the quarter	total vaccinations made in the quarter	actually used vaccine per 1 vaccination	vaccine used (doses)	vaccinations made	vaccine used (doses)	vaccinations made	vaccine used (doses)	vaccinations made	total vaccine used in the quarter	total vaccinations made in the quarter	actually used vaccine per 1 vaccination
							1	2	3=1:2							1	2	3=1:2

The major vaccine wastage reduction strategies at the facility level are as follows:

- Better planning of immunization sessions (grouping by days as outlined in the table above)
- Adherence to the NCDC "open vial" recommendations (MoLHSA decree 112/n) that allow use of open DPT, DT, Td and Hepatitis B vaccine vials for as long as 1 month provided that facilities fully meet cold chain requirements and open vials are not used outside the facility (e.g., for mass campaigns or outreach immunizations)
- Use of outreach mobile immunization brigades
- Improved cold chain to avoid exposure of vaccines to heat and freezing
- Rationalized distribution of vaccines (to use all vaccines before expiration dates and to avoid prolonged storage of unused vaccines where cold chain failure is likely)
- Training in the use of vaccine vial monitor (VVM) equipped vaccines

Example of calculation of the DPT vaccine usage indicator (wastage coefficient):

30 doses of DPT were used at ambulatory during a quarter; 22 immunizations with DPT (1-4) were made.

$$\text{Vaccine usage indicator} = \frac{\text{Doses used}}{\text{\# of immunizations given}} = 30:22 = 1.36$$

Usage indicators for other vaccines can be computed in a similar way.

Relation to Other Forms/Journals

The following table illustrates how the Vaccine Usage Indicator form relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal
Form 1.8, Vaccine use section	Amount of used vaccines (doses)	**DPT Vaccine Usage Indicator**
Form 1.8, Report on Immunization Practice	Number of DPT vaccinations made	

Monitoring of the Percentage of Children with Contraindications to DTP and Refusals

Purpose of the Form

This monitoring form is recommended for monitoring volume and share of contraindications and refusals.

Responsible Person(s)

Every district doctor should prepare this monitoring document with the help of a district nurse.

Instructions for Filling Out Forms

One of the reasons for uncompleted vaccination of children under 1 year is unjustified contraindications. According to recommendations from the World Health Organization, the number of children under 1 year with justified long-term and permanent contraindications should not exceed 2 percent.

The percentage of children under 1 year with contraindications to DPT in an ambulatory, FAP, or polyclinic is calculated monthly on the basis of summary reports on immunization practice. A graph built monthly can show the tendency for contraindications to increase or decrease. If the percentage of contraindications to vaccination increases in a certain territory (facility), the situation will require urgent organizational decisions – first of all to determine which FAPs/ambulatories are responsible for the unsatisfactory level of contraindications. A similar analysis can be done for every polyclinic (child consultation clinic) on the basis of the indicators at pediatric districts.

Prior to administering long-term or permanent contraindications, all physicians are advised to consult the current immunization regulations (MoLHSA decree 112/n).

Facilities administering long-term and permanent contraindications to more than 2 percent of children will be periodically visited by "a team of specialist physicians" to examine children with contraindications and review their justification. Children with "over 1 month" contraindications should be referred to rayon Doctors' Expert Groups / Commissions (where they exist) for an examination and a consultation with regard to validity of the contraindication.

Analysis of the refusal rate is performed in a similar fashion; graphical monitoring of this indicator is recommended for facilities with 100-200 or more children under the age of one.

To reduce the number of refusals, pediatricians should provide appropriate messages to parents and caretakers about the importance and safety of child vaccinations. Every opportunity (e.g., every visit of parents to a polyclinic) should be used to hand out leaflets about importance of immunization and danger of infectious diseases.

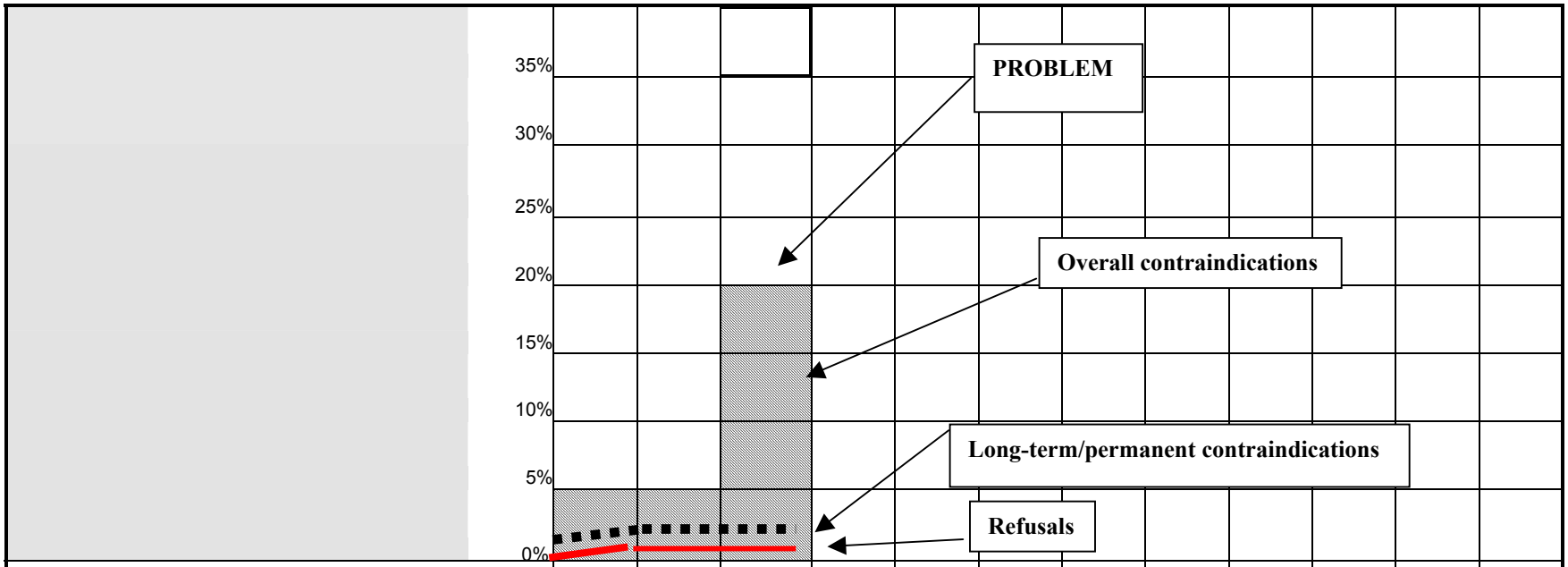
Relation to Other Forms/Journals

The following table illustrates how the Monitoring of the Percentage of Children with Contraindications to DPT and Refusals form relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal
Form 1.8, Report on Immunization Practice	Number of DPT-1, -2, -3 vaccinations given to children under 1 year this month	**Monitoring of the Percentage of Children with Contraindications to DPT and Refusals**
	Total number of current contraindications to DPT-1, -2, -3 in children under 1 year (short-term, "more than 1 month," and permanent)	
	Total number of refusals to DPT in children under 1 year	
Record book 1.4, for Monthly Planning and Registering of Immunizations	Total number of children that may (should) have received DPT-1, -2, -3 this month	

Monitoring of Percentage of Children with Contraindications to DTP and Refusals

(by Month) in _____ (year) in _____ (Health District, Health Facility)



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of DTP 1-3 vaccinations given to children under 1 year this month **see Report on Immunization Practice**	1	94	75	63									
Total number of current contraindications to DTP 1-3 in children under *1 year (temporary, over 1 month and permanent)*	2	6	4	16									
Number of current contraindications to DTP 1-3 in children under 1 year *(over 1 month and permanent)*	3	2	2	2									
Total number of refusals to DPT 1-3 in children under 1 year	4	0	1	1									
Total number of children that may (should) have received DTP 1-3 this month	5=1+2+4	100	80	80									
% children under 1 year with contraindications to DTP	6=2:5	6%	5%	20%									
% children under 1 year with ***long-term*** and ***permanent*** contraindications to DTP	7=3:5	2%	3%	3%									
% of refusals in children under 1year to DPT	8=4:5	0%	1%	1%									

Note: This record is kept at the level of village ambulatories and polyclinics for monitoring of the work.

4. Supportive Supervision; Evaluating Facility-Level Performance/ Providers

Supportive Supervision

Supportive supervision[2] is an essential management activity within Human Resource Management: It impacts both the performance of individual staff and the organization as a whole and ultimately health outcomes. Supervision assists in planning or refining activities, organizing tasks, and monitoring performance. It is necessary for staff to be aware of all standards, performance expectations, and tasks in order to keep the MOLHSA running efficiently. Staff also needs ongoing support and feedback with regard to their work.

Supportive supervision advocates for the building of a relationship that fosters support and encouragement from the viewpoint and input of both the supervisor and employee but does not neglect performance. It provides the opportunity to not only evaluate performance, but to also foster the professional development of an employee.

Supportive supervision can be implemented by the Public Health Center immunization manager.

Self-assessment Tool for Providers (nurses and physicians involved in immunization program)

This self-assessment tool is to be used by supervisees – immunization providers – to assess their knowledge and practices, and the resources needed to perform their duties. There is no need to complete this tool in a routine way, but is recommended for use before every supervisory meeting, as a way for the provider to be prepared for the supervisor's visit. Where needed, the provider can then seek appropriate help and support from their supervisor.

- This tool is not a test or an evaluation, but a tool to improve one's performance and solve problems over time; therefore, it is important to be honest during self-assessment.
- For each question state "yes" or "no."
- For the questions that have multiple parts (several bullets), note "yes" only if you do everything mentioned. Mark "no" in the areas where you would like to see improvement.
- In the areas where "no" is recorded, there is room for improving performance or solve existing problems.
- With the PROVIDER supervisor, prioritize what needs to be done to improve performance. Everything cannot be done at once, and some things may be more important than others. The date reflects the urgency and the amount of time you think it will take to solve the problem.

[2] Many ideas in this chapter come from the supportive supervisions study funded by The International Development Research Center within the framework of the Canadian International Immunization Initiative, Phase 2 (CIII2).

- Sometimes the supervisor needs to help with solving the problem. In order to ensure that responsibilities are clarified, it is important to note who is responsible for taking action.
- When the performance gap/problem has been solved, note the date when it has been solved in the column on the right.

ELEMENT TO BE EVALUATED	Yes/ No	If "no", can you indicate reason?	Actions to be taken to solve the gap/further improve the area	Who takes action?	Date solved
Preparations for activities to improve access to health information and immunization services 1. Do I know the communities/ families in my area/zone?					
Annual activities 2. Have I conducted a door-to door census of the child population in September-October?					
3. Have I defined target groups in October (existence of the filled out form 1.2)?					
4. Have I defined an annual plan in October (existence of the filled out form 1.3)?					
5. Have I submitted the target group report on time (by November 10th)?					
6. Have I submitted the annual plan timely (by November 10th)?					
7. Have I organized immunization days as recommended by the Immunization Decree?					
8. Were the job descriptions discussed with the chief of facility?					
Availability of guidelines and forms 9. Do I have Immunization Decree #122 N at the facility?					
10. Do I have the journal #1.1?					
11. Do I have the immunization MIS manual at the facility?					
12. Do I have the journal #1.4?					
13. Do I have the journal #1.5?					
14. Do I have the journal #1.6?					
15. Do I have the form 1.7?					
16. Do I have supply of the monthly reporting forms (1.8)?					
17. Do I have supply of the immunization cards (form 063)?					
Monthly activities (immunization) 18. Do I record newly arrived children in the registration book (journal #1.1)?					
19. Do I define children to be vaccinated in the next month based on the immunization cards (form 063)?					
20. Do I record children to be vaccinated in the next month in the journal #1.4?					
21. Do I inform children's parents to come for the vaccination within one week before vaccination?					
22. Do I provide more than one vaccination at a time if it is					

ELEMENT TO BE EVALUATED	Yes/ No	If "no", can you indicate reason?	Actions to be taken to solve the gap/further improve the area	Who takes action?	Date solved
required by the schedule?					
23. Do I use every opportunity to vaccinate the child?					
24. Do I record vaccination information in the immunization card (form 063) on the day of vaccination?					
25. Do I record vaccination information in the child development card (form 112) on the day of vaccination?					
26. Do I record vaccination information in the monthly journal (#1.4) on the day of vaccination?					
27. Do I record in the monthly journal (#1.4) the reason why children did not come for immunization on the day of vaccination?					
Safe immunization practices 28. Do I check the vial expiration date before utilization?					
29. Do I write off the vaccine if the vial has cracks, or has no label, or has expired?					
30. Do I use the vaccine's dilutant?					
31. Do I use sterile syringe and needle for dilution?					
32. Do I use sterile syringe and needle for vaccination?					
33. Do I have utilization box?					
34. Do I immediately dispose of the utilized syringe and needle in the utilization box?					
35. Do I fill the utilization box not more than ¾?					
36. Do I burn the utilization box in a special place and bury the remains?					
IEC 37. Do I provide parents sufficient information about: ▲ The benefits of full vaccination? ▲ The benefits of timely initiated vaccination? ▲ The possible adverse reactions of the vaccination?					
Contraindications/refusals 38. Do I define contraindications according to the current immunization decree?					
39. Do I register long-term contraindications to DTP in the journal #1.5?					
40. Do I register refusals to DTP in the journal #1.5?					
41. Do I provide parents who refuse to vaccinate with additional information on the dangers of diseases?					
42. Do I refer child with more than 3 months of contraindication to the specialists' consilium?					

ELEMENT TO BE EVALUATED	Yes/ No	If "no", can you indicate reason?	Actions to be taken to solve the gap/further improve the area	Who takes action?	Date solved
Vaccines and supplies 43. Do I have a cold box?					
44. Do I have a refrigerator at the facility? If yes:					
45. Do I check the temperature twice per day and record it on form 1.7?					
46. Do I store vaccines in the refrigerator according to the guidelines?					
47. Do I follow open-vial policy for DTP, DT, TD, HepB?					
48. Do I prepare and submit an order form for vaccines and supplies?					
49. Do I receive the full amount of ordered vaccines and supplies?					
50. Do I have sufficient supply of all vaccines?					
51. Do I record received vaccines and supplies in the journal #1.6?					
52. Do I record used vaccines in the journal #1.6?					
Organization of the immunization cabinet 53. Have I organized immunization cards (forms 063) in cartoteck format?					
54. Do I have anti-shock supply at the facility, ready for use, as defined by the immunization decree?					
55. Do I follow-up every child for 30 minutes after vaccination?					
Information system 56. Are my immunization records correct and complete?					
57. Do I prepare monthly reporting form based on the journals #1.4, 1.5 and 1.6?					
58. Do I submit reporting form on time (by 30th) every month?					
59. Do I keep one copy of the reporting form at the facility?					
Results 60. Do I reach my work goals each month?					
61. Do I take the initiative to contact my supervisor when I encounter problems I cannot solve on my own?					
62. Do I ask my supervisor for feedback (what I do well, what I should improve, and what support I need from him/her)?					

Work Planning Action Sheet

Periodic supervision will help health care providers and managers to identify problem areas and plan appropriate interventions to solve the problems.

Problem	Root Causes	Actions	Responsible Person	Date Due

The Performance Evaluation Checklist for Immunization Providers (below) contains simple questions that providers can use to self-monitor their work and that district CPHs can use to monitor immunization points. Questions 5, 6,12,13,19, 20 and 30-42 are applicable to maternity houses The checklist allows for clear and objective evaluations.

Performance Evaluation Checklist for Immunization Providers

AVAILABILITY OF REGISTRY	
1. Does Record book 1.1. reflect the annual censuses covering ALL children residing in the catchment area?	Yes ☐ No ☐
2. Is Form 1.2 available at the facility/immunization point?	Yes ☐ No ☐
3. Is Form 1.3 available at the facility/immunization point?	Yes ☐ No ☐
4. Is Record book 1.4 available at the facility/immunization point?	Yes ☐ No ☐
5. Is Record book 1.5 available at the facility/immunization point?	Yes ☐ No ☐
6. Is Record book 1.6 available at the facility/immunization point?	Yes ☐ No ☐
CORRECTNESS OF RECORD MANAGEMENT/ORGANIZATION	
7. Is the number of Form 063 for the given age group equal to the number of children in this age group in Record book 1.1?*	Yes ☐ No ☐
8. Does the registration number in the Record book 1.1 correspond to the number on forms 112 and 063 and in Record book 1.4?	Yes ☐ No ☐
9. Check to ensure Record book 1.1 is filled properly: Are there notes made about whether a child has left or arrived at a district for permanent residence (in pen) or temporarily indicating the period (in pencil)?	Yes ☐ No ☐
10. Do the numbers in various age groups in Form 1.2 equal the number of the same age group in Form 1.3?**	Yes ☐ No ☐
11. Is the data about immunizations performed entered into all recording forms (063,112, 1.4) during the same day?*** 11.1 Date 11.2 Vaccine type 11.3 Refusal 11.4 Contraindication	Yes ☐ No ☐ _____ % Yes ☐ No ☐ _____ % Yes ☐ No ☐ _____ % Yes ☐ No ☐ _____ %
12. Check selected Forms 063 against Record book 1.5, 1.4 and Form 112. Do all carriers have same contraindications recorded and documented according to procedures? Is the cause of missed immunization indicated (refusal; failure to present; temporary, long-term or permanent contraindication)?	Yes ☐ No ☐
13. Does the balance of vaccines in refrigerator coincide with the balance in Record book 1.6?	Yes ☐ No ☐
14. Check Record book 1.6 against Record book 1.4: Do the dates for vaccine usage coincide?	Yes ☐ No ☐
CORRECTNESS OF DATA TRANSFER INTO REPORTING FORMS	
15. Are Record book 1.1 entries for age groups the same as in Form 1.2 (check all age groups)?	Yes ☐ No ☐
16. Is immunization plan 1.3 made on the basis of the Population by Age Report (1.2) and Forms 063 (older children who missed the opportunity to get immunized during last year)?	Yes ☐ No ☐
17. Does the number of performed immunizations in the monthly report (form 1.8) by every type of vaccination reflect the data from the Record Book for Monthly Planning and Recording of Immunizations (1.4)?	Yes ☐ No ☐
18. Does Form 1.8 correctly reflect all refusals or temporary, long-term, and permanent contraindications from Record books 1.4 and 1.5.	Yes ☐ No ☐
19. Does Form 1.8 correctly reflect vaccine usage for various vaccines from Record book 1.6.	Yes ☐ No ☐
TECHNIQUES OF VACCINATION	
20. Is the vaccine administered properly? ****?	Yes ☐ No ☐

ANALYSIS, MONITORING, USE OF INFORMATION FOR MANAGEMENT (at the level of pediatric polyclinic, PAU, or rayon PHC)	
21. Does facility have Prospective Plan for Immunizations (form 1.3) for children and adults for every subordinate FAP (district doctor)?	Yes ☐ No ☐
22. Does facility have Report on Immunization Practice (form 1.8) for every subordinate FAP (district doctor)?	Yes ☐ No ☐
23. Does facility have summary monthly worksheets with cumulative numbers by every type of immunization according to the annual plan with calculation of percentage for every subordinate FAP (district doctor)?	Yes ☐ No ☐
24. Does the projection of vaccine needs for every FAP takes place at the time of an annual immunization plan development?	Yes ☐ No ☐
25 Are vaccines, syringes, and safety boxes issued to FAPs and their usage monitored with the Record Book for Vaccine, Syringes, and Safety Box Flow (1.6)?	Yes ☐ No ☐
26. Are the expired, poor quality or leftover vaccines destroyed appropriately and in a timely manner?	Yes ☐ No ☐
27 Have long-term contraindications in children over 1 year been approved by rayon Doctors' Expert Group?	Yes ☐ No ☐
28. Does the facility perform regular analysis of vaccine usage/wastage?	Yes ☐ No ☐
29. Have any management decisions (e.g., on improvement of coverage, vaccine wastage reduction) been made as the result of the analysis of data in the past three months?	Yes ☐ No ☐
COLD CHAIN	
30. Are there vaccine carriers for transportation of vaccines?	Yes ☐ No ☐
31. Does the facility have sufficient supply of vaccines for the vaccination day? If not, state where the problem originated: 1. Central Level 2. CPH 3. Health Care Facility	Yes ☐ No ☐
32. Is there a refrigerator at the vaccination point, ambulatory, or FAP?	Yes ☐ No ☐
These points are not analyzed if a refrigerator is not available	
33. Does the refrigerator work or not?	Yes ☐ No ☐
If it does not work, for how long has it not worked and why?	
34. Has anyone been informed about the fault? Or have any other measures been taken?	Yes ☐ No ☐
35. is the thermometer in the refrigerator?	Yes ☐ No ☐
36. Is the temperature in the refrigerator recorded twice daily?	Yes ☐ No ☐
37. Is the temperature taken at the center of the refrigerator?	Yes ☐ No ☐
38. Check the temperature in the refrigerator and compare it with the recorded morning temperature on that day. Are the temperatures within the recommended range ($+2^0$ to $+8^0$C)?	Yes ☐ No ☐
39. Have vaccines been correctly placed on refrigerator shelves (polio, mumps, measles, rubella vaccines – on the upper shelf; BCG – on the middle shelf; DPT, DT, Td, immunoglobulins, bacteriophages, vaccine dilutants – on the lower shelf)?	Yes ☐ No ☐
40. Are open vials of DPT, DT, TD, Hepatitis B, Polio vaccines placed in the first row of refrigerator according to the instruction?	Yes ☐ No ☐
41. Are there ice packs (10-12) for vaccine carriers in the freezer?	Yes ☐ No ☐
42. Are vaccines stored properly during power cut-offs? (e.g., placed in vaccine carriers with ice elements and thermometers). Note: there is no need for special storage conditions if power is cut off for less than 8 hours a day.) During a cut-off period a refrigerator should not be opened. Are vaccines stored properly in case of absence of a refrigerator at the FAP?	Yes ☐ No ☐

* Sample several age groups (two to three) and check with record book 1.1.
** Check correctness of all age groups, if even one is not correct, the answer is "No."
*** Random sample from the boxes where forms 063 are kept for various age groups (pick 10) and check against form 112 and record book 1.4 to see if the data about performed immunizations is entered into all recording forms (063, 112, 1.4) during the same day, and if the immunization information (date, type of vaccine, or refusal/contraindications) on all these forms are the same. If any of the information does not coincide, the answer is "No."
**** Ask several (2-3) questions related to injection site, route of administration, dosage, etc.; if at least one is not correct, the answer is "No"

The person doing the (self-) monitoring should carefully consider each question in the checklist and respond as to whether the condition has been met or not. Where the condition has been met ("Yes"), no further clarification is needed. If a condition has not been met or has been only partially fulfilled ("No"), one should indicate exactly what is wrong and recommend how to correct the problem. Depending on the difficulty of meeting certain conditions, one should decide whether advisory assistance from central rayon specialists is needed and when the next evaluation will take place. A table presented on the next page can facilitate such analysis.

Note: All polyclinics should be evaluated each year. The polyclinic chief should perform the evaluation together with an immunologist. An epidemiologist (or assistant epidemiologist) should use the data from the evaluation checklist during subsequent evaluations. He/she will verify the reliability of selected responses to individual questions in districts that have both unsatisfactory and good indicators. Verification will be done at every pediatric and/or therapeutic district.

In order to fairly evaluate the performance of immunization workers, workers must be adequately trained. Current evaluations should be analyzed to reveal gaps in worker knowledge and skills, and training targeted to these gaps. Subsequent evaluations should be studied to make sure these gaps are narrowing or have disappeared completely.

Evaluation of the Work of Immunization Facilities

Health Facility	Date of Visit	Number of Questions in the Checklist																				
		1	2	3	4	5	6	7	8	9	…	….	34	35	36	37	38	39	40	41	42	Notes
FAP-1	2/1/2004	+	+	+	+	+	+	+	+	+			+	+	+	+	+	+	+	--	+	
FAP-2	2/2/2004	+	+	+	+	+	--	+	+	+			--	+	+	+	+	+	+	--	+	
VDA	2/3/2004	+	+	+	+	+	--	+	+	+			--	+	+	--	--	--	+	+	+	
TOTAL	No. of answers	3	3	3	3	3	1	3	3	3			1	3	3	2	2	2	3	1	3	
	% of answers "YES"	100	100	100	100	100	33	100	100	100			33	100	100	66	66	66	100	33	100	

5. Job Descriptions

Job descriptions for ambulatory/polyclinic nurses and doctors (pediatricians, family doctors, and therapists who are involved in immunization activities) that are given below clearly define the immunization responsibilities and functions of the personnel. Implementation of the job descriptions depends on the decision of facility chiefs and medical personnel. It is recommended to review the job descriptions once or twice per year, to ensure that they reflect actual activities; if they do not, more relevant descriptions should be developed.

A. Job Description for Ambulatory / Polyclinic Nurse

I. Overview:

1. The main tasks for the ambulatory nurse are the prevention of diseases, provision of medical care, and health education in the community.
2. The ambulatory nurse reports to the head of the ambulatory and is hired and dismissed by the head.
3. In her work, the ambulatory nurse is guided by the Employment Legislation, internal charter, and contract.
4. The ambulatory nurse should have corresponding medical education and qualifications.

II. Responsibilities:

1. Politely welcome patients, respect their dignity, and ensure their information is treated confidentially.
2. Be responsible for hygienic and sanitary conditions.
3. Prepare the patient for the doctor's examination.
4. Fill in the corresponding medical cards.
5. Immunization:
    a. Perform annual door-to-door census of 0-15 children population in the facility's catchment area
    b. Maintain child registration journal
    c. Under doctor's supervision, define age groups
    d. Under doctor's supervision, define annual plan
    e. Under doctor's supervision, define children to be vaccinated in the next month
    f. Inform children's parents to come for the vaccination within one week before vaccination
    g. Investigate reason for not coming to the vaccination
    h. Record information on immunization in forms 063 and 1.4 on the day of vaccination
    i. Perform safe immunization as defined in the decree
    j. Ensure vaccines and supplies for the day of vaccination
    k. Ensure cold chain requirements as defined in the decree
    l. Record information of vaccine flow in the relevant form (journal 1.6)
    m. Inform doctor about stock of anti-shock supply
    n. With doctor's assistance, prepare monthly reports
    o. Ensure availability of the copies of reports

p. Act according to the instructions during mass vaccinations
q. Strengthen after-immunization follow-up of the risk group children

III. Rights:

The ambulatory nurse has the following rights:

1. Require sufficient work conditions, materials, and tools to provide qualified medical aid.
2. Receive corresponding information about legal documentations related to her position.
3. Receive information about all health events and projects (state or international) that are being carried out in the area served by her.
4. Receive necessary information about training courses in which she can participate.

IV. Work Evaluation and Responsibility:

1. The evaluation of the work of the nurse is conducted by the ambulatory/polyclinic doctor/director.
2. The nurse reports to the ambulatory/polyclinic doctor.
3. The nurse bears responsibility for under-fulfillment or failure to carry out the duties envisaged by the job description.
4. For regular, ongoing supervision, the ambulatory nurse reports to the doctor with whom he/she directly works. Supervision meetings should be held at least once per month.

B. Job Description of Polyclinic Doctor (Pediatrician)

I. Overview:

The polyclinic pediatrician

1. Provides medical care to the children aged 0-15 according to the district principle
2. Provides medical care within the parameters of his/her professional skills and rights
3. Is hired or dismissed by the head of polyclinic;
4. Reports to the head of the polyclinic in which s/he is based.
5. Has his/her district nurse;
6. In her/his work, is guided by Employment Legislation, internal charter, contract, and the given job description.
7. Should have corresponding medical education and pediatric qualifications

II. Responsibilities:

1. Take measures for prevention of the diseases, including immunization:
    a. Perform annual door-to-door census of 0-15 children population on its catchment area.
    b. Assist nurse in defining age groups, annual and monthly targets and preparation of the monthly reports
    c. Inform parents on benefits of vaccination and possible adverse reactions
    d. Perform vaccination according to the calendar
    e. Use every opportunity to vaccinate children fully and on time. The target is to fully immunize >95% of children living in the facility's catchment area
    f. Define contraindications according to the decree
    g. Refer children with more than 3 months contraindication to the specialists' consilium
    h. Record information in the relevant forms (medical history) on the day of vaccination
    i. Ensure correctness of the records
    j. Ensure timely submitting of the reports
2. Analyze immunization indicators and take action to correct identified deficiencies. Promptly notify the polyclinic/facility head of any barriers to achieving immunization program targets (95% coverage) and request support from the facility head and district public health office as necessary.
3. Notify urgently the local CPH about a case of the disease which is subject to urgent notification.
4. Supervise the work of his/her district nurse.

III: Rights:

The Polyclinic Pediatrician has the following rights:

1. Require sufficient work conditions, materials, and tools from the director so that s/he can provide quality medical care.
2. Make suggestions on improving the health care conditions to the director.
3. Receive information (clinical, legal, and administrative) related to the fulfillment of his/her duties.
4. Receive information about all health events and projects (state or international), which are being carried out in the area served by him/her.

IV. Work Evaluation and Responsibility:

1. The polyclinic pediatrician reports to, and is supervised by, the head of the polyclinic in which s/he is based. Supervision meetings should be held at least once per month.

2. The polyclinic pediatrician bears responsibility for the quality of the clinical services s/he provides.
3. Local CPH immunization manager provides supervision of the polyclinic doctor. Supervision visits should be performed at least once per month.

6. Information-based Response Matrix

Problem	TYPICAL RESPONSE ACTIONS	
	Facility Level	**District Level**
Low vaccination coverage	▲ Identify reasons for low coverage and define action plans; ▲ Define list of non-immunized children; ▲ In case of refusals, inform parents on disease risk and vaccination safety; ▲ Vaccinate those who can be reached with your resources; ▲ Make sure accurate data on immunizations and barriers are reported to the district public health office.	▲ Monitor coverage by catchment area and supervise facilities; ▲ Address the barriers identified by facilities (e.g., replace broken cold chain equipment, assist in health education, provide facilities with the needed vaccines and supplies in a timely way, etc.); ▲ Provide outreach services to those who cannot be reached by facilities; ▲ Promptly inform NCDC of outstanding obstacles to reaching required vaccination coverage in the district.
Vaccine/materials stockouts	▲ Prevent stockouts by monitoring available supplies and reordering them in a timely manner; ▲ In the case of a stockout, take measures to arrange immediate delivery; ▲ Make sure stockouts are reported on a monthly report form.	▲ Monitor available supplies at facilities using the data from their monthly reports; ▲ Make sure facility supply requests accurately reflect facilities' needs, make corrections as necessary; ▲ Make sure that sufficient supplies are provided to facilities even if their request does not come on time.
Cold chain failure	▲ Monitor twice a day the temperature of the cold chain equipment; ▲ When cold chain failure is suspected, check vaccines for the signs of exposure to excessive cold or heat and discard damaged vaccines; ▲ If the temperature goes out of the acceptable range, check the electricity supply and temperature settings; ▲ If the equipment breaks, do not open doors frequently and move cold packs from the freezer to the refrigerator, immediately inform the district immunization manager to arrange repairs/replacement.	▲ Apply the same rules/procedures for the district cold chain equipment; ▲ Maintain a cold chain register in the district using the data from monthly reports, supervision visits, and special requests for cold chain information; ▲ Repair or replace broken equipment in the district using available resources; ▲ Communicate to the regional CPH and/or NCDC outstanding cold chain needs.

Problem	TYPICAL RESPONSE ACTIONS	
	Facility Level	**District Level**
High vaccine wastage	▲ Adhere to the "open vial" recommendations; ▲ Avoid exposure of vaccines to heat and freezing; ▲ Use vaccines with approaching expiry dates first; ▲ Organize immunization sessions according to the recommendations; ▲ Know how to read vaccine vial monitor (VVM); ▲ Accurately report data on vaccine use on monthly reports.	▲ Monitor vaccine wastage in every facility, and if it appears high, work with facilities to implement recommendations indicated in the box to the left; ▲ Monitor vaccine stock and issue vaccines with approaching expiration dates first; ▲ Do not issue too much vaccine to facilities where cold chain failure is likely; ▲ Conduct outreach immunizations in catchment areas of facilities without reliable cold chain; ▲ Train health workers in the use of VVM-equipped vaccines.
Adverse events following immunization	▲ Strictly follow immunization safety instructions outlined in the MoLHSA guidelines; ▲ Should an adverse event following immunization occur, urgently notify according to the established rules.	▲ Carry out training of health workers in immunization safety issues; ▲ Promptly forward the information about the adverse events according to established rules; ▲ Participate in investigation of adverse events together with the experts as needed.
Monthly reports not available or late	▲ Make sure monthly reports are submitted on time; ▲ During reporting, review reports together with the district public health office immunization manager and correct mistakes; ▲ Inform the district public health office of any obstacles to timely reporting.	▲ Record timelines and completeness of monthly reports from ALL facilities in respective work books on a monthly basis; ▲ Identify poorly reporting facilities, investigate obstacles and work with health facilities on addressing them; ▲ During monthly reporting, review reports together with providers and correct mistakes; ▲ Carry out refresher training as needed or whenever new staff are hired.